

IS INDIVIDUAL A UMCP EMPLOYEE  
ON UMCP PAYROLL?

Yes  No

**UNIVERSITY OF MARYLAND  
COLLEGE PARK  
DEPARTMENT OF  
BIOLOGY  
EXPENSE STATEMENT**

Date

KFS ACCOUNT	SOCIAL SECURITY NO*	FIRST NAME AND M.I.	LAST NAME

\* SOCIAL SECURITY NUMBER MUST BE PROVIDED. IF NOT APPLICABLE, PLEASE PROVIDE IMMIGRATION STATUS WITH VISA AND PASSPORT NUMBER.

Home address:

Street/Apt#  City  State  Zip

Purpose of Travel

Contact Info: Phone Number  email

**TRAVEL EXPENSE BY DATE**

Date (MM/DD/YY)																		Total	
Breakfast \$9																			
Lunch \$11																			
Dinner \$25																			
Lodging*																			
Taxi or Limo																			
Air/Rail/Bus*																			
Auto Rental*																			
Parking Fee																			
Bridge or Tolls																			
Telephone																			
Registration Fee*																			
Porterage																			

MEAL COST INCLUDES RELATED GRATUITIES.

"FULL RATE" PRIVATE AUTO MILEAGE  miles at \$ per mile

**TOTAL EXPENSE**


\* ORIGINAL RECEIPTS MUST BE OBTAINED FOR EXPENSES NOT COVERED THROUGH PER DIEM

**ITINERARY**

Date (MM/DD/YY)																	Total
Time	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	
	From:																
To:																	
To:																	
Auto Mileage																	

Are additional memos attached?  Yes  No

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approver's Signature \_\_\_\_\_ Date \_\_\_\_\_